VERMONT
DEPARTMENT OF HEALTH

Vermont Title V Maternal and Child Health Block Grant Executive Summary

Vermont's Title V program, under the direction of the Director of the Vermont Department of Health's Division of Maternal and Child Health (MCH), provides leadership for clinical, community, and public health services and systems for Vermont's MCH population. Examples of key programs as administered out of the Division of MCH include Children with Special Health Needs, reproductive health (including Title X), Women, Infant and Children (WIC), school health, EPSDT and child preventative Medicaid services, evidenced based home visiting programs (including PAT and NFP), child injury prevention (with a focus on suicide, farm health and infant safe sleep) quality improvement in clinical care and community programs (in partnership with Vermont Child Health Improvement Program) and early childhood developmental screening and support services (operationalized via Help Me Grow). The data analyses from the 2015 Title V Needs Assessment resulted in the identification of MCH population needs and also areas where Vermont's MCH health data indicate areas of strength. Vermont has seen certain successes, such as in a decline in teen pregnancy rates (7.4/1,000 in 2012 to 4.9/1,000 in 2013) and an increase in lower income children who received dental services in the past year (55.5% in 2013 to 60.8% in 2014). Also, Vermont continues with longstanding significant disparities between the Medicaid and non-Medicaid population with the numbers of women able to access early entry into prenatal care.

Dr. Breena Holmes, Vermont's MCH Director, lead the MCH leadership in determining the MCH Title V priorities for action for the 2015-2020 Title V grant cycle. Vermont's employed a lifecourse approach to the needs assessment process. Overall direction was provided by the MCH Leadership Team with representation from all programmatic areas, including: WIC, home visiting, early childhood, family planning/preconception health, EPSDT/school and adolescent health, CSHN, injury prevention, and epidemiology. A parent representative from the VT Family Network (VFN) was also a member. This team provided input on the assessment process, including identification of stakeholders to participate in key informant interviews, review of data as well as the prioritization and action planning processes.

Vermont's 2015 assessment consisted of two key information gathering processes: 1) review and analysis of public health surveillance data; and 2) qualitative data collected through a series of key informant interviews and group discussions with MCH stakeholders representing MCH Coordinators, Parent Child Centers, public health professionals, School Liaisons, medical providers, human service providers (e.g. early childhood), parent representatives (VFN) and state program administrators. Forty stakeholders representing the 6 MCH population domains and 15 priorities participated in either individual or group discussions, with a total of 23 conducted. The quantitative analysis was conducted internally and lead by Vermont's SSDI analyst. Population data were analyzed according to the 6 population domains and corresponding national performance measures. Key informant interviews were completed under contract with JSI Research and Training Institute.

A summary of the priorities and strategic response is as follows.

1. **Performance measure:** Percent of women with a past year preventive medical visit
   Priority area: Ensure optimal health prior to pregnancy

Population domain: Women's/Maternal Health

Preventive well-women care is an ideal opportunity to screen women for pregnancy intention and engage them in subsequent dialogue regarding family planning and/or preconception health. Vermont has a lower-than-national average rate of unintentional pregnancy at 48%. In addition, only 40% of women report talking to their health care provider about ways to prepare for a healthy pregnancy (BRFSS 2013). Vermont currently has beginning success with related programming, such as NFP nurses advising their client to receive well care visits and increased systems support via a more active ACOG chapter. Vermont is also able to improve on this measure, considering the state's high rate of the health insured population (approximately 92% have some type of health insurance). Vermont Title V plans to use the state action plan to achieve a rate of 75% of women receiving a past year preventive medical visit by 2020.

2. **Performance measure:** a) Percent of infants who are ever breastfed
   b) Percent of infants breastfed exclusively through 6 months
   Priority area: Promote optimal infant health and development
   Population domain: Perinatal/Infant Health

Vermont has a strong breast feeding support system for its pregnant women and families. Vermont WIC is respected nationally for its strong clinical and peer counseling services, and MCH works with clinical and community providers to increase awareness and knowledge as to how to support breastfeeding women. Examples of Key strategies for improving this work are to support birth hospitals to improve inpatient breastfeeding support, improve workplace compliance, increase peer counseling, and organize physicians to participate in a certification process for breastfeeding knowledge and skills. While Vermont has high rates of initiation (90% in 2011), there is substantial room for improvement with regard to sustained breastfeeding (29.6%). Additionally, significant disparities with regard to education, marital status, age, and WIC participation persist. Vermont has already made major inroads working with prenatal providers, hospitals, and the business community; and is, therefore, well-positioned to improve breastfeeding duration rates over the next 5 years. By 2020, Title V plans to increase the present of infants ever breastfed to 92% and those infants who are exclusively breastfed through six month to 45%.

3. **Performance measure:** Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool
   Priority area: Achieve a comprehensive, coordinated, and integrated state and community system of services for children
   Population domain: Child Health

In the U.S., about 13% of children 3 to 17 years of age have a developmental or behavioral disability. In addition, many children have delays in language or other areas that can affect school readiness. However, fewer than half of children with developmental delays are identified before starting school, by which time significant delays already might have occurred and opportunities for treatment may have been missed. Vermont MCH, with key partners, has led a substantial amount of work in addressing developmental screening. Through an Improvement Partnership with VCHIP, we have trained a large number of primary care practices in using validated tools, and have begun to train early care and education providers. Developmental screening is also a standard for all MCH home visiting programs. Yet, VCHIP data from chart audits indicate that only half of children get 1 of 3 recommended developmental screens, calling attention to system gaps, and the opportunity for continued work and improvement. Developmental screening is also a key priority of Help Me Grow and an ACO measure, bringing synergy across multiple

initiatives. Title V, working with its many partners, will work to achieve the goal of increasing the percent of children receiving developmental screening to 75% by 20120.

4. **Performance measure:** Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10-19
   Priority area: Children live in safe and supported communities
   Population domain: Child Health

Vermont's MCH program has long been committed to addressing injury prevention in the MCH population; however, several years ago, Vermont lost dedicated injury funding and it has been challenging to prioritize this work. New efforts around suicide prevention, farm health, child maltreatment, and infant safe sleep have enabled a renewed commitment to this work; the selection of childhood injury as one of Vermont's Title V performance measure further solidifies this. Title V's actions are intended to reduce the rate of hospitalizations for injuries to children to 210/100,000 by 2020.

5. **Performance measure:** Percent of children with and without special health care needs having a medical home
   Priority area: Achieve a comprehensive, coordinated, and integrated state and community system of services for children
   Population domain: Children with Special Health Care Needs

Vermont has long promoted the concept of medical home in pediatric care for all children, especially those with special health care needs. To this end, VDH has worked to establish strong relationships with a myriad of organizations, including professional groups, hospitals, community-based organizations, home health agencies, schools, and so on. Current strategies to strengthen the medical home include the Pediatric Learning Collaborative, CSHN Social Workers partnering with medical homes, the MCHB D70 State Implementation Grant, EPSDT outreach, and statewide efforts around health reform. In addition, targeted work under Title V such as addressing transitions from pediatric to adult care, will assist Vermont to achieve the 2020 goals of 95% of adolescents receiving a preventive medical visit.

6. Performance measure: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
   Priority area: Youth choose healthy behaviors and thrive
   Population domain: Adolescent Health

Adolescence, due to the nature of the rapid physical and emotional development during this time, can be an opportunity for promotion of resiliency and also testing of risk taking behaviors. This can be an opportune time for the medical home to support teens, yet well-care visit rates decline as children age into adolescence. Regular preventive care visits for adolescents, provide opportunities for early identification and appropriate management and intervention for conditions and behaviors that, if not addressed, can become serious and persist into adulthood. (CMS, 2014)

While Vermont appears to do well in this measure on national surveys, state specific data from practice improvement chart audits and provider experiences suggest that this is still an area of concern. A specific strategy this coming year will be the participation in the Adolescent and Young Adult Collaborative Improvement & Innovation Network (CoIIN) and this performance measure dovetails with efforts of the CoIIN. Title V efforts will be applied to increase to 95% the numbers of adolescents who receive preventive medical care by 2020.

7. **Performance measure:** a) Percent of women who had a dental visit during pregnancy
b) Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
Priority area: Reduce the risk of chronic disease across the lifespan, its impact on child development
Population domain: Lifecourse/Cross-cutting

Pregnancy offers an ideal opportunity to address oral health issues with mom, as well as educate/counsel to promote healthy oral hygiene behaviors may reduce the transmission of such bacteria from mothers to infants and young children, thereby delaying or preventing the onset of caries. (Oral Health Care During Pregnancy: A National Consensus Statement, 2011). In Vermont, just over half of women had a dental visit during pregnancy (56.6%) and only 67.1% for children 1-5 years of age compared to 96.5% for children 6-11 years of age. While Vermont has fairly good coverage rates, including no cap in benefits for pregnant women, access to dental providers is limited, particularly for the Medicaid population. The Title V Needs Assessment also revealed that there are significant gaps in knowledge among medical and dental providers regarding oral health guidance and safety for pregnant women and very young children. Vermont has a strong oral health program, oral health coalition, and key strategies are increasing support for public health dental hygienists and midlevel dental providers. By 2020, Title V plans to increase the percent of women receiving a dental visit during pregnancy to 70% and to increase the percent of children who receive a preventive dental visit within the past year to 95%.

8. **Performance measure:** a) Percent of women who smoke during pregnancy
b) Percent of children who live in households where someone smokes
Priority area: Reduce the risk of chronic disease across the lifespan, including its impact on child development
Population domain: Lifecourse/Cross-cutting

Women who smoke during pregnancy are more likely than nonsmokers to have an ectopic pregnancy, vaginal bleeding, placental abruption, placenta previa or stillbirth. Babies born to women who smoke during pregnancy are more likely to be of low birthweight or born prematurely, increasing their risk of serious health problems. Furthermore, secondhand smoke is a known cause of cancer, heart disease, and other conditions, can seriously exacerbate asthma leading to increased health care utilization and poorer educational outcomes, and is understood to be a contributing factor to SUID. Vermont has one of the highest rates of smoking during pregnancy in the country: 18.3% in VT compared to the U.S. at 8.5%. This data is even more striking, when stratified by WIC participation: 33.2% of WIC participants smoked during pregnancy compared to only 12.5%. Yet, Vermont has good cessation benefits for pregnant women through Medicaid and 802Quits. Historically, the VDH tobacco control program (TCP) has not been able to prioritize this population, but through improved partnerships between MCH and TCP, as well as joint participation in the infant mortality CoIIN, Title V is renewing action on this issue. While Vermont does not differ greatly from rest of the country in children who live in households where someone smokes (21.6% compared to 24.1%, respectively), we have identified promising approaches to reduce this to 10% by 2020. Also, Title V will work to reduce the percent of women who smoke during pregnancy to 8.5% by 2020.